

ENCLOSURE B:

Tehama County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described in the letter addressed to the Board of Supervisors from CDSS dated September 25th, 2009, by November 1, 2009.

Board of Supervisor Approval

Approved on November 10, 2009, by the County Board of Supervisors

Name of Approver: George Russell

Signature 

Name of County District Attorney Representative: Milt Bruner, Chief Investigator

County District Attorney Representative Telephone #: (530) 529-3590

Email Address: mbruner@tehamada.org

Name of County Welfare Department Representative: Linda Duggins, Adult Services Program Manager

County Welfare Department Representative Telephone #: (530) 528-4028

Email Address: LDuggins@tcdss.org

MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

R E G U L A R A G E N D A

TEHAMA COUNTY DEPARTMENT OF SOCIAL SERVICES – Approval and Authorization for the Chairman to Sign the “In-Home Supportive Services (IHSS) Fraud Investigations and Program Integrity Plan” Outlined by Tehama County Department of Social Services to be Submitted to the California Department of Social Services in Order to Receive Additional IHSS Allocation Funding Through the State’s Budget Act of 2009

Following comments, a motion was made by Supervisor Williams, seconded by Supervisor Avilla and carried by the unanimous vote of the Board to approve and authorize the Chairman to sign the “In-Home Supportive Services (IHSS) Fraud Investigations and Program Integrity Plan” outlined by Tehama County Department of Social Services to be submitted to the California Department of Social Services in order to receive additional IHSS allocation funding through the State’s Budget Act of 2009 to be used for IHSS fraud prevention, detection, referral, investigation, and additional program integrity efforts.

STATE OF CALIFORNIA)ss
COUNTY OF TEHAMA)

I, BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 10th day of November, 2009.

DATED: November 17, 2009

BEVERLY ROSS, County Clerk and
Ex-officio Clerk of the Board of Supervisors
of the County of Tehama, State of California

By Mackenz Parkinson Deputy

CHECKLIST OF REQUIRED COMPONENTS TO BE INCLUDED IN THE PLAN

NOTE: *Failure to include any of the following required components in the Plan, as outlined in Enclosure C, may result in non-award of funds:*

☒ IHSS Overpayments/Underpayments Activities and Data

☒ IHSS Fraud Referrals/Outcomes Activities and Data

☒ Collaboration and Partnerships with District Attorney's Office (DAO) related to the IHSS Program

☒ County Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) related to the IHSS Program

☒ Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

☒ County's Current and Proposed Anti-Fraud Activities related to the IHSS Program

☒ County Proposed Budget for Utilization of Funds (use Enclosure A as a guideline)

☒ Description of how the County will integrate other Program Integrity Efforts into the Plan

☒ Commitment to produce an Annual Outcomes Report (due August 1 of each year)

☒ Data Reporting Spreadsheet (Enclosure D — includes data from 2004 to present)

ENCLOSURE C:

Tehama County Department of Social Services In-Home Supportive Services Fraud Investigations and Program Integrity Plan 2009/2010

As part of the State Budget Act of 2009, state funds were appropriated for the purpose of fraud prevention, detection, referral, investigations, and additional program integrity efforts related to the In-Home Supportive Services (IHSS) Program. The California Department of Social Services (CDSS) solicited counties to submit a proposal to enhance IHSS fraud program integrity activities through June 30, 2010. The following materials include the plan, the budget for implementation, and procedures that have been suggested tasks for our county to implement the new efforts for fraud and program integrity. Tehama County certifies that program integrity efforts outlined in the following plan can begin within 60 days of receipt of funding.

Due to the additional funding available to Counties for the purpose of IHSS Program Integrity and Fraud Prevention efforts Tehama County Department of Social Services (TCDSS) and Tehama County District Attorney Office (DA) will be expanding on current collaboration efforts between agencies in order to more effectively refer, investigate, and reduce fraud in Tehama County. It is understood that this funding is not available to be spent on prosecutions.

IHSS Overpayments/Underpayments

Additional funding for IHSS Fraud and Program Integrity efforts will increase the County's ability to review, in depth, instances of overpayments/underpayments, which should, in turn, increase referrals sent to the DA and the Department of Health Care Services (DHCS). As these instances are identified, opportunities to educate providers and recipients will arise, and as a result the community will become more aware of enhanced efforts to identify fraud. As a result Tehama County expects to see a decrease in the rate of overpayments/underpayments.

IHSS Staff currently identify overpayments by:

- Automatically checking the case for overpayments when a fraud referral is received by staff
- Reviewing multiple providers claiming hours that were not worked
- Reviewing a list of deceased Tehama County residents
- County finding out a recipient is in the hospital and the provider is claiming hours for that period of time
- At reassessment the recipients are asked what days their provider works, how many hours, and what they do while they are working
- Collecting and tracking overpayments

Quality Assurance (QA) Staff currently identify overpayments by:

- Reviewing of timesheets by QA and payroll staff
- Utilizing the Death Match Report helps the county identify providers claiming hours when the recipient is deceased
- Administering Targeted Reviews

- Reviewing and resolving error reports as provided by DHCS and the California Department of Social Services (CDSS)
- Checking Tehama County Superior Court website for probation and parole information, and if necessary call the District Attorney Clerk in order to identify terms of repayment
- During the QA field review, recipients are asked what days their provider works, how many hours, and what they do while they are working

IHSS Staff currently identify underpayments by:

- Discovering County error (for example: Social Worker forgets to authorize a needed service)
- Reviewing timesheets identifying when a provider claims too many hours, and the other provider is underpaid. In these instances, we also check for fraud
- Recipient or provider reporting (On a case by case basis Tehama County may issue an underpayment when a recipient does not report a needed services but has received it from the provider)
- Underpayments are not currently being tracked on an ongoing basis; this issue will be addressed in future anti-fraud activities by creating an underpayment tracking spreadsheet (as discussed below in future efforts)

With the additional funding for fraud efforts Tehama County plans on doing the following activities in order to expand on their current practices of identifying overpayments and underpayments. These efforts will help identify and track overpayments/underpayments:

QA Staff will identify overpayments and underpayments in the future, by:

- Targeted reviews that specifically focus on overpayments and underpayments (for example: conduct a target review on cases that have 300+ hours, cases that have a history of overpayments/underpayments, etc.)
- An enhanced Overpayment Tracking Form will be modified for tracking and follow up of overpayments, which will be utilized to continually track the identification, progress, and outcome of the overpayment
- A new Underpayment Tracking Form will be developed for tracking and follow up of underpayments, which will be utilized to continually track the identification, progress, and outcome of the underpayment

IHSS Staff will identify overpayments or underpayments in the future, by:

- Enhanced communication between Social Worker and Payroll Staff regarding recipient out of the home, case information changes, etc. At weekly Unit Meetings staff will review EBB's, fraudulent overpayment cases, identified underpayment cases, among other pertinent issues
- Review of the 300+ hours report on a monthly basis
- Social Worker will review the "Incarceration Booking Sheets" provided by the Tehama County Superior Court in order to check for information such as: recipient incarceration, provider incarceration, household composition, and also information related to cross reporting a possible APS issue

When an overpayment is identified as potential fraud, a referral will be sent to the DA investigator, and if appropriate it will be also be sent to DHCS. Communication between the reporting party (TCDSS), the DA investigator, and DHCS will be necessary for ongoing tracking and follow up of the fraud referral outcome.

Fraud Referrals/Outcomes

IHSS fraud prevention, early fraud detection, referrals, and investigations will be enhanced and expanded upon with the receipt of additional IHSS Program Integrity funding. An increase in depth and scope of attention given to fraudulent activities will result in an increase in referrals, prosecutions, and ultimately collections. Enhanced collaboration between TCDSS Management and QA Staff, the DA investigator, and DHCS will be necessary in order to mitigate fraud in the IHSS program.

Fraud can be referred from many different sources. These include, but are not limited to, Social Workers, QA Staff, other department staff, family members, providers, recipients, and other community members. As communication is enhanced through the media, and as referrals and prosecutions increase, the instances of prosecutions should also increase. We want our staff and community partners and members to understand what fraud is so that they are able to help us identify fraudulent activities.

The following steps review the County process once a fraud referral is received:

- The receiving party writes up an IHSS Fraud Investigation Request TEH/IHSS 020 (see Attachment 1), and include all documentation related to the case (this could include, but not limited to, copies of timecards, paid warrants, repayment agreements, etc.)
- The receiving party forwards the fraud referral to the IHSS Supervisor as all requests for suspected fraud are reviewed and authorized for investigation by the IHSS Supervisor or Program Manager. The Supervisor then forwards the referral to QA for logging, reporting, and follow up
- QA Staff logs in the referral to the currently used QA Fraud Referral Tracking Form, sends the referral to the DA investigator:
 - When a referral is made for fraudulent activity that is under the amount of \$500.00, QA sends a referral to the DA investigator. The DA investigator is responsible to decide at that point if they would like to pursue the case with the help of DHCS
 - If a referral for fraudulent activity is made that is over the amount of \$500.00, a referral is immediately sent by QA to the DA investigator, as well as, DHCS
- QA Staff is responsible for following up with the DA investigator on the progress and outcomes of the referral at least once a month. This information is tracked on the QA Fraud Referral Tracking Form, and passed along to the Supervisor and referring Social Worker
- The DA's office, the IHSS Program Manager and the IHSS Supervisor will be meeting on at least a quarterly basis to review the fraud referrals progress and outcomes

Collaboration and Partnerships with District Attorney's Office (DAO)

Tehama County's DA's office and the IHSS Program have worked together on fraud investigations and prosecutions in the past, and have co-located investigators that investigate fraud from all divisions within Social Services. Limited funding and an abundance of fraud referrals from other divisions, has reduced the ability to effectively investigate and prosecute. With the new IHSS program integrity funding, Tehama County will be able to promote a strong collaborative relationship with the DA's office. Fraud referrals sent to the DA's office will increase, and in turn, an increase in investigations and prosecutions is expected.

The IHSS Program Manager and Supervisor will meet with the appropriate District Attorney staff on a quarterly basis to discuss the following:

- Current fraud referrals
- Follow-up on any unresolved fraud issues
- What areas of data collection will help lead to fraud convictions

The information discussed, and the outcomes of these meetings will be reviewed by management, and when appropriate shared with IHSS Staff at their weekly unit meetings. This is to ensure that management, staff, and the DA's office are working collaboratively to ensure a reduction in fraudulent activities and promote early fraud detection.

The DA's office and IHSS Staff will enhance collaboration on:

- Joint investigations of fraud, both with TCDSS, and when applicable, DHCS
- Ongoing open cases, until the case has a reported outcome
- Cooperation on investigation trainings to include at least a ½ day of UC Davis training (or other provided trainings), trainings related to fraud, and ongoing IHSS Program training

County IHSS QA staff is responsible for tracking fraud referrals and following up with the DA investigator on the progress and outcomes of the referral. This information is tracked on the QA Fraud Referral Tracking Form, and passed along to the Supervisor and referring Social Worker. Communication with the DA will occur on monthly basis in order to ensure outcomes are reported.

Two examples of collaborative efforts between the IHSS Program and the DA's office, which have produced successful outcomes in the elimination of fraud in the IHSS program, are summarized below.

Fraud success story #1

Provider's A and B were administering IHSS services for their mother, Recipient A. Recipient A went into the hospital for several weeks. During this time Provider's A & B continued to turn in timesheets claiming time for the period their mother was hospitalized. An APS referral was made by a concerned extended family member. The report was followed up on, and both Provider's A and B were arrested and they both served jail time.

Fraud success story #2

Provider A was having her daughter administer IHSS services for Recipient A. Provider A was claiming all of the time on her timesheet for work that she did not complete as her daughter was completing it for her. During a reassessment the recipient reported that her provider was committing fraud. Both Provider A and her daughter were brought into the Tehama County Dept of Social Services office and were admonished by the Bureau of Investigation (DA). It was also found that the daughter was receiving income and was not declaring it on AFDC, Food Stamps, and Medi-Cal.

Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

Due to the lack of resources in the past, fraud investigations have been conducted at the County level. It is the hope of the County that, with this increase in funding, will also come an increase in collaborative efforts between State agencies and the County. In accordance with W&I code 12305.82 (a-c) all fraud referrals with an overpayment of \$500.00 or more will be referred to DHCS by using the MC 609 form. The referrals to be sent by either the DA's office or TCDSS will include:

- Copies of all relevant timesheets
- Copies of all paid warrants for the period in question
- When applicable, a completed Notice of IHSS Overpayment form TEH/IHSS 027

In the future joint investigation requests from DHCS and CDSS will have cooperation in the investigation from Tehama County in the following areas:

- Case reviews
- Comparison of case information
- Unannounced home visits
- Joint investigation home visits
- Data collection, including data for CDSS regarding error rate studies, fraud referral and outcome data, as well as other information requested by DHCS or CDSS
- District Attorney's Office will collaborate with DHCS on fraud referrals over the amount of \$500.00. If the amount is under \$500.00 it is up to the DA's discretion, with input from the County on whether it will be referred to DHCS. The DA's office is responsible for tracking fraud referrals that they submit to DHCS, and will provide the County with this information
- Office space and appropriate staff will be provided to CDSS or DHCS for joint investigations
- Other as needed

For documentation of follow-up status and outcomes of each fraud referral the County Quality Assurance staff will use QA Fraud Referral Tracking form TEH/IHSS 021 (see Attachment 3). This spreadsheet will be enhanced to collect all referral and outcome data needed by the County, the DA, CDSS and DHCS.

Mechanism for Tracking/Reporting

Tehama County currently tracks fraud referrals using the QA Fraud Referral Tracking Form. This form collects information such as: referral date, date referral was sent to DA or DHCS, social worker name, suspect name, follow-up dates, status, and results. This spreadsheet can be enhanced to include other required elements as outlined by DHCS or CDSS. Tehama County commits to reporting and tracking of suspected fraud as required by CDSS, and will comply with all reporting elements to be submitted by August 1, 2010. Tehama County commits to updating the Fraud Investigations and Program Integrity Plan to CDSS annually, or as directed by June 1st, each year funding is available.

County's Current and Proposed Anti-Fraud Activities

Tehama County is committed to implementing new efforts, and expanding on currently used practices, that will augment preexisting anti-fraud activities in order to increase early fraud detection, fraud prevention, referrals, investigations, and prosecutions.

Current IHSS Staff efforts:

- Review of Tehama County Deceased List
- Review of Tehama County Incarceration List
- Review of CMIPS for "Recipients and Providers with Same SSN/Same Name"
- Use of the Ad Hoc Tool
- Review of Provider 300+ hours report
- Review of No Time Sheet Activity for 60 days
- Review of Provider SSN Verification Report
- Recipient/Employer Responsibilities Checklist is read and signed by recipients at assessment and reassessment
- Social Workers read and discuss the fraud section of the IHSS application with their recipients and make sure they acknowledge and understand before signing the application
- Collaboration with Far Northern Regional Center for the elimination of duplicated services
- Social Workers are required to follow up on all reports of fraud

- When a provider or recipient calls to notify the Social Worker that they are no longer providing/receiving services from that provider, the Social Worker puts a comment on the PELG screen, underneath the comment section, in order to document contact, and it can be used to make sure information is consistent with the timesheets to be turned in
- When doing a re-assessment, Social Workers ask the recipient who their provider is, what days they provide services, and the actual time the provider is there. The Social Worker can then catch inconsistencies in what the provider is reporting and what they should be doing
- Provider reporting of recipient fraud, and visa versa
- At the home visit, Social Worker checks that provider is doing authorized services for recipient
- Comparison of Physicians Evaluation to recipient provided information
- Social Workers assess recipients actual need using a tool called the Minimal Need Risk Assessment
- Call the District Attorney Clerk when necessary for follow up on a fraud case
- When there are inconsistencies in the Social Workers observation and what is being reported to them, the case is looked into further for possible fraud

Current QA Staff efforts:

- Review Death Match report
- Review Out of State Warrants
- QA Staff check the timesheets, and compare them to the days, and types of services authorized to recipients/providers on cases being reviewed
- Train IHSS Staff on Quality Assurance and fraud activities at weekly unit meetings
- Targeted QA Reviews (Protective Supervision, Paramedical, 300+ hours, and recipient as provider)
- Review of error reports sent by CDSS or DHCS
- QA desk reviews or field reviews

Other current County agency efforts:

- Public Authority mandatory Orientation for providers
- Investigation Trainings
- Ongoing communication with providers regarding discrepancies in hours, time authorized, tasks, and other issues that may arise
- Payroll/Fiscal Staff check timesheets for signature, inconsistencies, etc
- County referred cases (from Eligibility or Child Welfare) are checked for IHSS fraud
- Adult Protective Services may find out an Adult Protective Service client is on IHSS and is committing fraud
- Education to the Public (and other County agencies) on the IHSS Program
- Collaboration with Far Northern Regional Center to eliminate duplication of services, by sending recipients HTG to Regional Center Case Manager
- Joint home visits done with Mental Health on appropriate clients to ensure accurate assessments

New endeavors with the implementation of the IHSS Fraud and Program Integrity funding, will include the following activities:

New IHSS Staff efforts:

- Unannounced Home Visits
- Review of "Incarceration Booking Sheets" for provider or recipient information

- Targeted Mailings/Informational Notices
- Large hour cases and protective supervision are reviewed in a Case Staffing prior to granting/authorizing case. This will also include child cases
- Program Manager and Supervisor will communicate with the District Attorney's Office on at least a quarterly basis
- Encourage Social Workers to report all suspected fraud to the DA investigator as this should lead to an increase in fraud referrals

New QA Staff efforts:

- State-level IHSS QA and program integrity functions that include ongoing error-rate studies (which requires collaborative efforts among CDSS, DHCS, and counties.)
- Enhanced tracking and follow up of fraud referrals, in order to guarantee a quality review of the fraud referral, and to report data to DA, CDSS, and DHCS

Other new County agency efforts:

- New Provider Enrollment Requirements- Fingerprinting, Background Check, Provider Enrollment Form, Orientation, and Provider Enrollment Agreement
- Timesheets signed under penalty and perjury and follow up conducted by IHSS Staff as needed
- Fingerprinting on timesheets by both recipient and provider
- Half day UC Davis (or other provided trainings), training on fraud, for IHSS Staff, QA, and the DA investigator
- DA presentation at provider orientations in order to educate providers on fraud both from the provider and recipient perspective
- Outreach and education on fraud prevention to community through activities such as, mailers, lobby postings, participation at community events, community presentations, etc.
- Monthly meetings with the Public Authority to discuss EDS reports, orientation information, current anti-fraud efforts, and current County processes, etc.
- Expand on collaboration with Far Northern Regional Center to include quarterly meetings, joint home visits, and trainings on collaboration and communication
- Enhance the frequency and scope of home visits done in collaboration with Mental Health

County Proposed Budget for Utilization of Funds

The county proposed budget that outlines the use of funding by activity and agency was created based on the available information given, and new efforts to be implemented.

**Budget Justification
Tehama County's Fraud Funding Plan for FY 2009-10**

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 118388
B. Operating Expenses	\$ 3,500
C. Equipment Expenses	\$ 1,564
D. Travel/Per Diem and Training	\$ \$1,840

E. Subcontracts and Consultants	\$ 75,337
F. Other Costs	\$
G. Indirect Expenses	\$ 14,614
Total Expenses	\$ 215,243

A. Personnel Costs (including employee benefits)	Total Budget
Title: Social Worker I/III 1.17 FTE Salary Calculation: FY (12 months) Salary 1.17 FTE (\$53,555) + benefits (\$28,920) Duties Description: Fraud referral (Identification, completion of referral forms), "Potential Fraud" referral review (case research, gathering documents, respond to phone/outside reports, joint investigations), Data Matching (EDS reports, Death list, County Deceased list, Inmate list), Provide public and staff education, Recipient training (Rights and Responsibilities at assessment), Staff Development (staff time to attend training), Far Northern coordination meetings, Public Authority coordination meetings, Data Reporting (Annual outcomes report, referral status tracking, data collection)	\$ 82,475
Title: Allocated Support Staff (Administration, Accounting, Clerical) .61 fte, Salary Calculation: FY (12 months) Salary .61 FTE, (\$23,320) + benefits (\$12,593) Duties Description: Cost of Social Services Administrative and Clerical support as allocated through timestudies based on Social Worker timestudy to the activities in the "Personnel Costs" section.	\$ 35,913
Total Personnel Costs:	\$ 118,388

B. Operating Expenses	Total Budget
Title: Printing (Direct operating expense) Description: Materials for Community education (handouts, pamphlets), lobby postings, informational notices to recipients/providers.	\$ 3,500
Total Operating Expenses:	\$ 3,500

C. Equipment Expenses	Total Budget
Title: Laptop Description: Laptop will be used for ongoing IHSS Staff training, and community outreach efforts.	\$ 1,564
Total Equipment Expenses:	\$ 1,564

D. Travel/Per Diem and Training	Total Budget
Title: Training - Contracted 1/2 Day, on-site, training - U.C. Davis (or other provided)	\$ \$1,840

trainings)	
Description:	
Total Travel/Per Diem and Training:	\$ 1,840

E. Subcontracts and Consultants	Total Budget
Title: District Attorney-Bureau of Investigation-contract for IHSS Fraud Investigation	\$ 75,337
Description: Contract	
Title: DA investigator .67 FTE Salary (\$49,245) + benefits (\$25,900)	\$ 75,145
Description: "Potential Fraud" referral review (case information gathering, research, investigation, follow up), Conduct presentation at Public Authority provider orientations, Data Reporting (tracking referrals and outcomes, and communicating with IHSS Staff on a monthly basis with that information), 1/2 day of training, Quarterly meetings with IHSS Management.	
Title: DA Office Assistant II .06 FTE Salary (\$143) + benefits (\$49)	\$ 192
Description: Clerical support to DA investigator	
Total Subcontracts and Consultants:	\$ \$75,337

F. Other Costs	Total Budget
Title:	\$
Description:	
Total Other Costs:	\$

G. Indirect Expenses	Total Budget
Title: FY 12 months Allocated operating expenses (Space, Travel, Other, A-87, Insurance)	\$ 14,614
Description: Cost of Social Services Support Operating expenses as allocated through timestudies based on Social Worker timestudy to the activities in the "Personnel Costs" section.	
Total Indirect Costs:	\$ 14,614

Description of how the County will Integrate Other Program Integrity Efforts within the Plan

The County will utilize QA Staff, the Public Authority, Far Northern Regional Center, and other County agencies, in order to expand on current anti-fraud efforts. Future program integrity efforts to be

implemented will allow IHSS program staff, the Public Authority, QA staff, and our collaborative agencies to expand on their existing partnership, leading to an increase in fraud referrals.

The following Quality Assurance early fraud detection and fraud prevention activities will be expanded upon:

- Targeted reviews specific to overpayments, underpayments, timecard issues, etc.
- Unannounced home visits
- Field and desk reviews
- Tracking fraud cases and outcomes using an enhanced fraud referral tracking form
- Collaboration with the District Attorney Office on at least a monthly basis to discuss open cases and outcomes
- Training IHSS Staff and Stakeholders (IHSS Advisory Committee, Public Health, Multi Disciplinary Team, etc.)
- Education of Community Partners/Public Sector in order to educate them on fraud and the IHSS program
- Collaboration with CDSS on error rate studies

The Public Authority is responsible for enrolling providers, referring for background checks and fingerprinting, provider orientations, and other provider involved activities. The following Public Authority functions will be expanded upon:

- Provider enrollment
- Provider orientation (including a DA investigator giving a fraud presentation at each provider orientation)
- Background check and fingerprinting
- Monthly meetings with IHSS Program Manager and Public Authority to review reports, orientation information, current anti-fraud efforts, current County processes, and Social Worker concerns

Far Northern Regional Center has collaborated with TCDSS in the past on shared clients in order to eliminate duplicated services. With the additional IHSS Fraud and Program Integrity funding TCDSS will be able to expand on their current relationship with Far Northern Regional Center. With this funding, comes an opportunity for:

- Quarterly meetings with Far Northern Regional Center, and IHSS Management
- Trainings on similar services, case management, communication between agencies, etc.
- Joint home visits on shared clients in order to eliminate duplicated services

Annual Outcomes Report

Tehama County commits to submitting an annual outcome report as provided by CDSS by August 1st of each year. The report will include fraud activities, data, and outcomes.

Data Reporting Spreadsheet

Please see Enclosure D on the following page.

*Please note: "Underpayments identified by County QA" has not been tracked by the County payroll staff in the past and therefore N/A has been placed in the grid. This is a future effort to be implemented.

ENCLOSURE D

County: Tehama

Overpayments identified by County QA

		04/05	05/06	06/07	07/08	08/09
Breakdown of Causes	Total Amount per Fiscal Year:	11581.3	413.33	853.89	4271.31	9207.43
	Number of Instances:	10	3	3	10	15
	Provider:	7	3	3	10	14
	Recipient:	1	0	0	0	1
	County Error:	2	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

*Underpayments identified by County QA

		04/05	05/06	06/07	07/08	08/09
Breakdown of Causes	Total Amount per Fiscal Year:	N/A	N/A	N/A	N/A	N/A
	Number of Instances:	N/A	N/A	N/A	N/A	N/A
	Provider:	N/A	N/A	N/A	N/A	N/A
	Recipient:	N/A	N/A	N/A	N/A	N/A
	County Error:	N/A	N/A	N/A	N/A	N/A
	Unknown:	N/A	N/A	N/A	N/A	N/A
	Other:	N/A	N/A	N/A	N/A	N/A

***Please note: "Underpayments identified by County QA" has not been tracked by the County in the past and therefore NA has been placed in the grid. This is a future effort to be implemented.**

Fraud Referrals/Outcomes

		04/05	05/06	06/07	07/08	08/09
Individuals Responsible	Number of referrals to DHCS:	0	0	3	1	0
	Number handled locally by DA:	0	1	1	9	7
	Number of convictions:	0	0	1	2	3
	Court Ordered Restitution:	0	0	1	2	2
	Amount of funds involved in the convictions:	0	0	394.89	763.96	2987.72
	Amount of funds recovered:	8134.85	413.33	509.00	3904.31	3611.49
	Amount of funds pending recovery:	3446.50	0	344.89	367.00	5595.94
	Basis for the Conviction:					
	Recipient:	0	0	0	0	0
	Provider:	0	0	0	0	0
	County Staff:	0	0	1	2	3
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0

Utilization of County DA for Fraud

04/05

05/06

06/07

07/08

08/09

Documented referrals to DA*						
	Accepted:	5	22	6	12	27
		0	0	0	0	0
		0	0	0	0	0
	Completed Investigation					
	No Fraud:	4	17	5	8	20
	Restitution Action:	0	0	0	0	0
	Referred for Prosecution:	1	5	1	4	7
	Criminal Charges Filed:	0	5	1	4	6
	No Charged Filed:	1	0	0	0	1
	Convictions:	0	4	1	4	5
	Acquittals:	0	0	0	0	0
	Dismissals:	0	1	0	0	0
	Pending Investigation:	0	0	0	0	1
	Restitution					
	Court Ordered:	0	0	0	0	0
	Restitution Action:	0	4	1	4	5
	Fines	0	4	1	4	5
	Prosecutions Completed	0	4	1	4	5
	Convictions	0	4	1	4	5
	Misdemeanor	0	1	1	0	3
	Felony	0	3	0	4	2

IHSS FRAUD INVESTIGATION REQUEST

**STATE MEDI-CAL FRAUD UNIT
TEHAMA COUNTY DISTRICT ATTORNEY
BUREAU OF INVESTIGATION**

Social Worker Name	Phone Number

Suspect: ☐ Client ☐ Provider

Client Name: _____

Case#: _____ SSN: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Provider Name: _____

Case#: _____ SSN: _____ DOB: _____

Address: _____

City: _____ Zip: _____

REASON FOR REQUEST

- ☐ Unreported Resources/Assets
- ☐ Household Composition
- ☐ Time Sheet Issue
- ☐ Other:

- ☐ Unreported Income
- ☐ Forgery
- ☐ Residence

**STATE MEDICAL FRAUD UNIT
TEHAMA COUNTY DISTRICT ATTORNEY
BUREAU OF INVESTIGATION**

[illegible]

Social Worker Signature	Date	Approved By	Date

Fraud Referral Procedure

If potential fraud is identified, the following procedures will be implemented.

The staff having knowledge of the potential fraud will:

1. Fill out the IHSS Fraud Referral (TEH/IHSS 020) and attach any backup documentation.
2. Send the IHSS Fraud Referral to the supervisor(s) for review and authorized signature. The supervisor(s) will make a copy for the Social Worker to file in the case and forward the original referral to the QA Social Worker.
3. The QA Social Worker will log in the referral on the QA Fraud Referral Tracking Form.
4. The QA Social Worker will forward copies of the IHSS Fraud Referral to the Tehama County District Attorney Bureau of Investigation (BI) and to the State Medi-Cal Fraud Unit. The QA Social Worker will keep original referral on file in "Open Fraud" file.
5. The QA Social Worker will follow up with BI to track the status of the IHSS Fraud Referral until an investigation report is returned. If BI closes the case, the QA Social Worker will then file original fraud referral and the investigation report in the "Closed Fraud" file. If BI submits the report to DA for complaint/prosecution, the original referral will remain in "Open Fraud" file until outcome documented.
6. The QA Social Worker will log in the disposition of the referral on the QA Fraud Referral Tracking Form and will report the outcome to the supervisor and the Social Worker.
7. During weekly Unit Meetings the QA Social Worker will inform the IHSS Staff of any trends or potential fraud indicators to be aware of.

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